

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>79182011</i>	FILING DATE <i>02/12/01</i>			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51				
2						52				
3						53				
4	1					54				
5		1				55				
6		1				56				
7	1					57				
8		1				58				
9		1				59				
10	1					60				
11	1					61				
12	1					62				
13		1				63				
14		1				64				
15						65				
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40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	10	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔	↔
TOTAL CLAIMS	13					TOTAL CLAIMS				